



PATENT
Atty. Dkt. No. 042049-0105

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: André Jestin et al.

Title: CIRCOVIRUS SEQUENCES ASSOCIATED WITH PIGLET
WEIGHT LOSS DISEASE (PWD)

Appl. No.: 10/718,264

Filing Date: 11/21/2003

Examiner: Ali Reza Salimi

Art Unit: 1648

RESPONSE TO RESTRICTION REQUIREMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a RESPONSE TO RESTRICTION REQUIREMENT in the
above-identified application.

[X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	16	-	20	=	0	x	\$18.00	=	\$0.00
Independent Claims:	5	-	5	=	0	x	\$88.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$300.00	=	\$0.00
CLAIMS FEE TOTAL									\$0.00

11/24/2004 HTECKLU1 00000059 10718264
01 FC:1252 430.00 DP

☒ Applicants hereby petition for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$110.00	\$0.00
<input checked="" type="checkbox"/> Extension for response filed within the second month:	\$430.00	\$430.00
<input type="checkbox"/> Extension for response filed within the third month:	\$980.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,530.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,080.00	\$0.00
EXTENSION FEE TOTAL:		\$430.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$110.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$430.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$430.00

☒ A check in the amount of \$430.00 is enclosed.

☒ Supplemental Information Disclosure Statement Under 37 CFR § 1.56.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. § 1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 11-23-2004

By SEANA. PASSINO FOR (45,943)
Stephen B. Maebius
Attorney for Applicants
Registration No. 35,264

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Should additional fees be necessary in connection with the filing of this paper, or if a petition for extension of time is required for timely acceptance of same, the Commissioner is hereby authorized to charge Deposit Account No. 19-0741 for any such fees; and applicant(s) hereby petition for any needed extension of time.